

Supplementary Online Content

Sood A, Prasad K, Chhatwani L, Shinozaki E, Cha SS, Loehrer LL, Wahner-Roedler DL. Patients' attitudes and preferences about participation and recruitment strategies in clinical trials. *Mayo Clin Proc.* 2009;84(3):243-247.

eAPPENDIX. Patient Survey on Clinical Trials Design

This supplementary material has been peer reviewed, edited, and approved by the authors.

eAPPENDIX. Patient Survey on Clinical Trials Design

Please do not write in this area	<u>A PATIENT SURVEY TO PLAN THE DESIGN OF CLINICAL TREATMENT TRIALS IN MEDICINE</u>					
_____ 1	Thank you for taking the time to complete this survey. This is completely anonymous. Your responses will assist us in better designing clinical trials.					
	For questions 2-16, please rate your agreement/disagreement with each of the following statements:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
_____ 2	I would be interested in participating in clinical trials related to my medical conditions.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
_____ 3	I find it appropriate for an investigator to contact me <u>by phone</u> to inform me about a research project.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
_____ 4	I find it appropriate for an investigator to contact me <u>by mail</u> to inform me about a research project.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
_____ 5	In clinical trials participants are often allocated in a <u>random fashion</u> wherein both the participant and the researcher have no control over whether the participant gets the study treatment or placebo (sugar pill). I find it acceptable to be allocated in a <u>random fashion</u> in clinical trials.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
_____ 6	In clinical trials participants are often allocated in a <u>blinded fashion</u> wherein both the participant and the researcher do not know whether the participant gets the study treatment or placebo (sugar pill). I find it acceptable to be allocated in a <u>blinded fashion</u> in clinical trials.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
_____ 7	Even if I was told that the treatment prescribed to me in a clinical trial has potential side effects, I would still be interested in participating in the study.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
_____ 8	It is important for me to be informed by the investigator about the results of the clinical trial in which I participated.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
_____ 9	If I am not informed by the investigator about the results of the clinical trial in which I participated, it is <u>unlikely</u> I will participate in future clinical trials.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
_____ 10	If the results of the clinical trial show that the treatment tested does not work, the results are still worthy of reporting or of publication.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
_____ 11	I am satisfied with the information I currently have about clinical trials involving medical condition(s) I am interested in.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
_____ 12	I expect my treating physician to inform me about current clinical trials in the medical condition(s) of my interest.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
_____ 13	All reasonable precautions for my <u>safety</u> are likely to be taken in a Mayo Clinic-sponsored clinical trial.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
_____ 14	All possible measures to protect my <u>privacy</u> are likely to be taken in a Mayo Clinic-sponsored clinical trial.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
_____ 15	Clinical trials sponsored by the pharmaceutical companies are likely to have conflict of interest.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
_____ 16	Most of the current treatments in medicine are based on evidence from clinical trials.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
_____ 17	If Mayo Clinic were to conduct two simultaneous clinical trials for the same condition, one with conventional medicine and another with complementary and alternative medicine (CAM), which trial would you prefer to enroll in? (Examples of CAM include acupuncture, yoga, herbal products, etc.)					
	Strongly favor CAM trial 1 <input type="checkbox"/>	Moderately favor CAM trial 2 <input type="checkbox"/>	Neutral 3 <input type="checkbox"/>	Moderately favor conventional medicine 4 <input type="checkbox"/>	Strongly favor conventional medicine 5 <input type="checkbox"/>	
_____ 18	If a treatment you are using is <u>not</u> found to be effective in a clinical trial, how will it change your personal use of that treatment?					
	1 <input type="checkbox"/> Will stop using it	2 <input type="checkbox"/> No change	3 <input type="checkbox"/> Will use it if it has no side effects		4 <input type="checkbox"/> Will talk to my doctor about it	

____ 19-25	What day(s) of the week would you prefer to travel to Mayo Clinic for clinical trial–related activities? Please check all that apply.						
	1 <input type="checkbox"/> Monday	1 <input type="checkbox"/> Tuesday	1 <input type="checkbox"/> Wednesday	1 <input type="checkbox"/> Thursday	1 <input type="checkbox"/> Friday	1 <input type="checkbox"/> Saturday	1 <input type="checkbox"/> Sunday
____ 26-33	Which of the following do you expect as compensation for your time and involvement through participation in a clinical trial? Please check all that apply.						
	Modest monetary compensation 1 <input type="checkbox"/>	<i>Mayo Clinic Family Health Book</i> as a token gift 1 <input type="checkbox"/>	Donation to charity on your behalf 1 <input type="checkbox"/>	Free parking 1 <input type="checkbox"/>	Meal coupon 1 <input type="checkbox"/>	Other(s)—please specify: 1 <input type="checkbox"/> _____ 1 <input type="checkbox"/> _____ 1 <input type="checkbox"/> _____	
____ 34-55	Please provide a list of your medical problems:						
	1 <input type="checkbox"/> High blood pressure 1 <input type="checkbox"/> Diabetes 1 <input type="checkbox"/> Heart attack or angina 1 <input type="checkbox"/> Heart failure 1 <input type="checkbox"/> Depression 1 <input type="checkbox"/> Fibromyalgia 1 <input type="checkbox"/> Irritable bowel syndrome 1 <input type="checkbox"/> Chronic pain 1 <input type="checkbox"/> Arthritis		1 <input type="checkbox"/> Anxiety 1 <input type="checkbox"/> Emphysema 1 <input type="checkbox"/> Chronic bronchitis 1 <input type="checkbox"/> Stroke 1 <input type="checkbox"/> Impotence 1 <input type="checkbox"/> Sleep apnea 1 <input type="checkbox"/> High cholesterol 1 <input type="checkbox"/> Migraines 1 <input type="checkbox"/> Stomach ulcer		Other(s)—please specify: 1 <input type="checkbox"/> _____ 1 <input type="checkbox"/> _____ 1 <input type="checkbox"/> _____ 1 <input type="checkbox"/> _____		

56-72	In the future, what types of treatments would you like to see tested in clinical trials: (Please check all that apply.)			
	Pharmacologic treatments (medications)		Non-pharmacologic treatments (methods other than medications)	
	1 <input type="checkbox"/> Investigational drugs 1 <input type="checkbox"/> Herbal products 1 <input type="checkbox"/> Dietary supplements Other(s)—please specify: 1 <input type="checkbox"/> _____ 1 <input type="checkbox"/> _____ 1 <input type="checkbox"/> _____		1 <input type="checkbox"/> Exercise 1 <input type="checkbox"/> Physical therapy 1 <input type="checkbox"/> Acupuncture 1 <input type="checkbox"/> Yoga 1 <input type="checkbox"/> Biofeedback 1 <input type="checkbox"/> Hypnosis 1 <input type="checkbox"/> Tai chi 1 <input type="checkbox"/> Meditation 1 <input type="checkbox"/> Massage Other(s)—please specify: 1 <input type="checkbox"/> _____ 1 <input type="checkbox"/> _____ 1 <input type="checkbox"/> _____	
73 74	Details about clinical trials can be easily accessed without charge at clinicaltrials.gov (all U.S. trials) and at clinicaltrials.mayo.edu (Mayo Clinic trials only). Were you aware of this information?			
	ClinicalTrials.gov— http://clinicaltrials.gov/ct/gui 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Mayo Clinic Clinical Trials— http://clinicaltrials.mayo.edu/ 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
75	How far do you live from Mayo Clinic?			
	1 <input type="checkbox"/> Within 30 miles	2 <input type="checkbox"/> 31 to 60 miles	3 <input type="checkbox"/> 61 to 120 miles	4 <input type="checkbox"/> More than 120 miles away
76-77	What is your age? ____ years (if age >90, please enter 99)			
78	What is your sex? 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female			

End of Survey.

Thank you very much for your participation and time. Please hand over the form to the study coordinator.